



Patient Name _____

Patient Address _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature _____

Date _____

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed and a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other:

Prepared by:

Signature _____

Date _____